Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name POPEYE'S LOUISIANA KITCHEN							Telephone Number (812) 920-0307	Date of Inspection	ID#	
Address 2170 STATE ST, NEW ALBANY IN 47150						Owi	(502) 493-8858	04/30/2021		
Owner WILLIAM MANN							Purpose X Routine	Follow Up 05/10/2021	Released 04/30/2021	
Owner's Address 2509 PLANTSIDE DR LOUISVILLE, KY 40299-							Follow-up Complaint			
Person in Charge CRYSTAL SLOAN							Pre-Operational			
Responsible Person's Email JAMES.N.R.ENGLISH@GMAIL.COM							Temporary HACCP	Menu Type 1 2 3 <u>X</u> 4 5		
Certified Food Handler OMAR TOURE							Other (list)			
				AND NARRATIVE COLUMN		ND IN THE N	ARRAIVE COLUMN MARKED AS "R"			
Section #	n# C NC R Narrative							To Be Corrected		
199		Х		Observed improper method used for the thawing of 18 cases of raw chicken. Chicken was left out of refrigeration for an undetermined amount of time. See code 199 for proper methods.						
344	Х			Observed item stored in handwashing sink near fryers. Corrected						
256		Χ		Observed no thermometer in prep cooler.						
297		Х		Observed build-up of debris in unit containing hot water that is used to heat 5-2-21 hot bagged food items.						
324		Х		Observed toilet	pipe on ice machine a in men's restroom to b	5-10-21				
234		Х		water velocity to	ng utensil stored in dip o remove food particle	Corrected				
426		X		Repair or remov		5-10-21				
392		X			ster lid left open and a	Today				
431		X		Observed unders	5-10-21					
394		Χ			red trash in dumpster		C 11 11	5-10-21		
118	X				n in charge not demon gards to thawing proc ture.	5-10-22	I			
187 X Measured 18 cases of raw chicken between 51-56 F.								Discarded		
Summary of V	iolations	(3 NC	9 R 0					
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		